

**AGREEMENT**

Attachment # 1  
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This Agreement is entered into this 9th day of October, 2003, by and between Leon County, Florida, a political subdivision of the State of Florida, hereinafter "County," and, Barkley Security Agency, Inc., hereinafter "Contractor".

**WITNESSETH**

For and in consideration of the mutual covenants, restrictions, and representations set forth herein, the sufficiency of which is hereby acknowledged, County and Contractor do hereby agree as follows:

1. County and Contractor entered into an Agreement dated December 14, 1999, between County and Contractor, which Agreement allows for changes to be made to the agreement with prior written agreement signed by the parties thereto. The parties hereby agree to extend the Agreement to December 31, 2004.
2. The fees for services of this extended contract will be based upon the following hourly rates for Contractor's personnel at the direction of the County:

<u>Courthouse, Library, Amtrak Hourly Rate</u>	<u>Additional Guard Services</u>	<u>Hourly Rate</u>
Armed Guard	Unarmed Guard	\$11.00
Unarmed Guard		\$11.00

<u>Additional Guard requirements</u>	<u>Hourly Rate</u>
Armed Guard	\$11.90
Unarmed Guard	\$10.82

3. All other provisions of the (date of agreement) Agreement remain in full force and effect.
4. This agreement shall become effective upon full execution hereof by both parties.

**IN WITNESS WHEREOF**, the parties evidence their agreement through the execution of this AGREEMENT by their duly authorized signatories.

**CONTRACTOR**

WITNESS: \_\_\_\_\_ BY: \_\_\_\_\_  
President

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_

**(CORPORATE SEAL)**

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

By \_\_\_\_\_, of \_\_\_\_\_,  
(Name of officer or agent, title of officer or agent) (Name of corporation acknowledging)

a \_\_\_\_\_ corporation, on behalf of the corporation.  
(State or place of incorporation)

He/she is personally known to me or has produced \_\_\_\_\_ as  
(type of identification)

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Print, Type or Stamp Name of Notary

\_\_\_\_\_  
Title or Rank

\_\_\_\_\_  
Serial Number, If Any

LEON COUNTY, FLORIDA

BY: \_\_\_\_\_  
Tony Grippa, Chairman  
Board of County Commissioners

DATE: \_\_\_\_\_

ATTEST:  
BOB INZER, CLERK OF THE COURT  
LEON COUNTY, FLORIDA

By: \_\_\_\_\_

APPROVED AS TO FORM:  
LEON COUNTY ATTORNEY'S OFFICE

By: \_\_\_\_\_  
Herbert W.A. Thiele, Esq.  
County Attorney